PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPO REINSTA	TEMENT	2000000	Div	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS	<u> </u>	SECI IVISIO <b>03 00</b>	RETARY OF STATE N OF CORPORATION T -2 AM 8:00	IS	
1. Corporation No	ame								
Dan	to 4	wild-	ers, .	Inc.	1				
							)23 <b>9209</b> 38 -01063004 **1	3	
2. Principal Office Address 3. Mailing Office Address							,	150,00	
1710 U	wolk	oright_	S	ine		511	VIEWENT	(1)3	
Suite, Apt. #, etc.				etc.	A Data lass	racetad or	Our life of		
HOQ O			City & State	same	To Do Bus	4. Date incorporated or Qualified To Do Business in Florida 413 2000			
Bounton Brach			Flor	ido		5. FEI Number Applied For Not Applicable			
Zip	Countr	y	Zip	Country	<u> (450</u>	740		Not Applicable	
3342	6 Pa	um Bra	<u> </u>	ine Same	CERTIFICAT	E OF STATE	US DESIRED	naf Fee required cate of Status	
7. Name and Address of Current Registered Agent MD									
Craig S. Danto									
Street Address (P.O. Box Number is Not Acceptable)									
Suite, Apt. #, Etc.									
- GITY	Delva	W P	eack	<u> </u>		State	Zip Code	1	
8. I, being appoin	nted the register	ed agent of the abo	re named corpo	ration, am familiar with and accept the	e obligations of sect		05 or 617.0503, F.S.	CR2E081 (19/02)	
Signature of Registered Agent Date 10/1/03  REGISTERED AGENT MUST SIGN									
Names and St	treet Addresses				t to a st 2 diameters)				
Titles	Names and Street Addresses of Each Officer and/or Directo  Name of Officers and/or Directors			Street Address of Each Officer and/or Othector			City / State / Zip		
PST C	Craig. S. Danto			122 andrews	De	Irou Beh. Fla.	3348=		
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals fisted on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Description in Chapter 607 or 617, F.S. I further certify that when filling this reinstance in the certify that when filling this reinstance in the certify that when filling this reinstance in the certify that I am an officer or 617.0401, F.S. I further certify that when filling this reinstance in the certification is the corporation in the certific that the certific that the certification is the requirements of section 607.0401, F.S. I that the certification is the corporation in the certification in the certific that the certification is the corporation in the certification in the certification in t									
	SIGNATURE	AND TYPED OR PRI	NTED NAME OF S	IGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	3677	

## **DANTO BUILDERS INC**

1710 Woolbright RD BOYNTON BCH. FL 33426 PHONE: 561 732-3677 FAX: 561 732-3630 E-MAIL: CSDANTO@AOL.COM

October 1, 2003

Department of State Division of Corporations 409 East Gaines St. Tallahassee, Fl 32399

To Whom it May Concern:

I am writing this letter to inform you that a 2003 UBR Form # P00000037137 was never received for our corporation. It would be much appreciated if you could waive the penalty for this error. Along with this letter is a completed application for reinstatement, and a check for \$150.00. I can assure you that being the new controller for this company, this will not happen in the future. I will make sure that a yearly UBR is completed and turned in by the due date from this day forward. Even if one is not received from you. I would sincerely appreciate if this fee could be waived. As you can see from our history that we have never had this problem before. Please advise me as soon as possible of what the outcome of this matter is. Thank you for your time and cooperation in this matter.

Sincerely,

Marysusan Parrish

Controller

(561) 732-3677